

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/805,161
		Filing Date	3/19/2004
		First Named Inventor	Kimberlin
		Group Art Unit	3673
		Examiner Name	Singh, Sunil
Total Number of Pages in This Submission	13	Attorney Docket Number	D-3054

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Frank J. Uxa Registration No. 25,612
Signature	
Date	2/23/2005

CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Janet E. McGhee		
Signature		Date	2/23/2005

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FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.

		<i>Complete if Known</i>	
		Application Number	10/805,161
		Filing Date	3/19/2004
		First Named Inventor	Kimberlin
		Examiner Name	Singh, Sunil
<input checked="" type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Art Unit	3673
TOTAL AMOUNT OF PAYMENT (\$)		0	Attorney Docket No. D-3054

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number	21-0890	Deposit Account Name	Frank J. Uxa

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							<u>Subtotal (1)</u>
							0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or , for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or , for Reissues, each independent claim more than in the original patent

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x					
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			

-3 or HP = X _____

HP = highest number of independent claims paid for, if greater than 3

Subtotal (2)

0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 shhts or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number)	x	=

Subtotal (3)

0

Fee Paid (\$)

4. OTHER FEE(S)

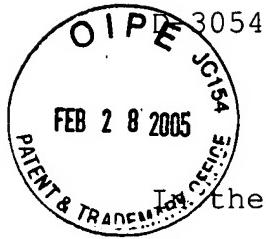
- SurchARGE - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)
- Non-English Specification: \$130 fee (no small entity discount)
- 1-month extension of time: \$120 fee (\$60 small entity discount)
- 2-month extension of time: \$450 fee (\$225 small entity discount)
- 3-month extension of time: \$1020 fee (\$510 small entity discount)
- 4-month extension of time: \$1590 fee (\$795 small entity discount)
- 5-month extension of time: \$2160 fee (\$1080 small entity discount)
- Information Disclosure Statement Fee: \$180 fee (no small entity discount)
- Notice of Appeal: \$500 fee (\$250 small entity discount)
- Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)
- Request for Oral Hearing: \$1000 fee (\$500 small entity discount)
- Utility Issue Fee: \$1400 fee (\$700 small entity discount)
- Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)
- Request for Continued Examination: \$790 fee (\$395 small entity discount)
- Other: _____

Subtotal (4)

0

SUBMITTED BY

Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612	Telephone	949-450-1750
Signature				Date	2/23/2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT

the application of:)
Kimberlin) Group Art Unit:3673
Serial No. 10/805,161) Examiner: Singh, Sunil
Filed: March 19, 2004)
For: EROSION CONTROL SYSTEM)
AND METHOD)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on or before

2/23/05
Janet McGree
Date 2/23/05

RESPONSE A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is submitted in response to an office action mailed on November 23, 2004.

Please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.